

2134

Patent
16057/4003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Mark M. Ishikawa

Application No.: 09/821,565

Filed: March 29, 2001

For: System Method And Apparatus For
Preventing Transmission of Data on a
Network

)
) **Group Art Unit: 2134**
)
) **Examiner: Tongoc Tran**
)
)
)
)
)
)
)

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed for filing in the above-identified application is the following:

1. Revocation of Power of Attorney or Authorization of Agent,
2. Power of Attorney or Authorization of Agent

CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

June 21, 2005
Date of Deposit
DOCSSV1:412641.2
16057-4007 R1H

Jeffrey A. Miller
Name of Person Mailing Paper

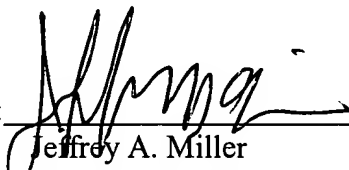
Signature of Person Mailing Paper

☒ Although applicant believes no fee is required, the Commissioner is authorized to charge
Deposit Account No. 150665 for any fees that may be associated with this communication.

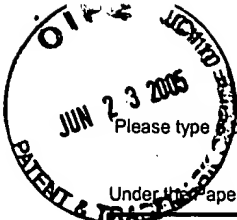
Respectfully submitted,
Orrick, Herrington & Sutcliffe LLP

Dated: June 21, 2005

By: _____


Jeffrey A. Miller
Reg. No. 35,287

4 Park Plaza Suite 1600
Irvine, California 92614-2558
(650) 614-7647



Please type a plus sign (+) inside this box ☒

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/821,565
Filing Date	March 29, 2001
First Named Inventor	Mark M. Ishikawa
Group Art Unit	2134
Examiner Name	Tongoc Tran
Attorney Docket Number	16057-4003

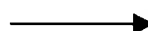
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventors.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/196)

SIGNATURE of Applicant or Assignee of Record

Name

Mark M. Ishikawa

Signature

Date

June 20, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/821,565
Filing Date	March 29, 2001
First Named Inventor	Mark M. Ishikawa
Group Art Unit	2134
Examiner Name	Tongoc Tran
Attorney Docket Number	16057-4003

I hereby appoint:

☒ Practitioner at Customer Number
OR

34313

Place Customer
Number Bar Code
Label here☐ Practitioner(s) named below:

Name	Registration Number
Jeffrey A. Miller	35,287

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

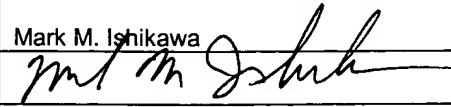
Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**☐ Practitioner at Customer NumberPlace Customer
Number Bar Code
Label here**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Jeffrey A. Miller ORRICK, HERRINGTON, & SUTCLIFFE LLP				
Address	4 Park Plaza Suite 1600				
Address					
City	Irvine				
Country	US	State	CA	ZIP	92614-2558
Telephone	(650) 614-7660	Fax	(650) 614-7400		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Mark M. Ishikawa
Signature	
Date	June 20, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

3 *Total of forms are submitted.